

**State of Maryland  
Department of Natural Resources  
Engineering & Construction  
Shore Erosion Control**

580 Taylor Avenue, D-3

Annapolis, MD 21401

Phone: 410-260-8523 Fax: 410-260-8894

Toll-Free 1-877-620-8367, Extension 8523

**Application for State Assistance**

Please Print or Use Typewriter

<p>1. Where was this application obtained? Field Inspector? ____ By Mail? ____ From County? ____ Tawes Bldg.? ____ Other? ____</p> <p>2. Have you ever applied for State Assistance? Yes ____ No ____</p> <p>3. Has your property ever been inspected by this Department? Yes ____ No ____ If yes, date(s) ____</p> <p>4. How long have you owned this property? ____ Yrs. ____ Mos.</p> <p>5. Name of previous owner(s)? ____</p>	<p style="text-align: right;">(For Department Use Only)</p> <p>Date Received:</p> <p style="font-size: 2em; font-weight: bold;">AN</p> <p>_____</p>
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**OWNER(S) OF PROPERTY:** \_\_\_\_\_  
(First) (Middle) (Last)

**MAILING ADDRESS:** \_\_\_\_\_  
(First) (Middle) (Last)  
\_\_\_\_\_  
(Street or Route and Box Number)

\_\_\_\_\_  
(City) (State) (Zip)

**TELEPHONE NUMBERS:** Home: \_\_\_\_\_ Office: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**LOCATION OF PROPERTY:** Street: \_\_\_\_\_ Community: \_\_\_\_\_  
County \_\_\_\_\_ Body of Water: \_\_\_\_\_

**ZONING:** Residential, Year-Round \_\_\_\_ Residential, Summer \_\_\_\_ Agricultural \_\_\_\_ Public Use \_\_\_\_  
Commercial \_\_\_\_ Other \_\_\_\_ Describe: \_\_\_\_\_

<b>NAME AND ADDRESS OF ADJOINING PROPERTY OWNERS:</b> (Facing Water)	At Right:	_____	(Name)
		_____	(Address)
	At Left:	_____	(Name)
		_____	(Address)

(CONTINUED)

## APPLICATION FOR STATE ASSISTANCE

I/We request that assistance from the Department of Natural Resources be made available for the above-described property under the Shore Erosion Control Program. I/We understand the provision of the Shore Erosion Control Program, pursuant to the Annotated Code of Maryland, Natural Resources Article, Sections 8-1001 through 8-1008, and agree to furnish the Department surveys information as may be required. I/We further understand that this application will be considered for eligibility as prescribed by Law. I/We will be responsible for the maintenance of the project after it is completed. I/We grant permission for the Department's personnel to enter the property for the purpose of inspecting the shoreline.

I/We understand that two of the major factors in determining the acceptability of an application is the severity of the erosion problem at the property and the availability of funds. I/We further understand that this Application for State Assistance will not be processed unless it is accompanied by all of the following:

1. A photocopy of the recorded deed(s) to the property.
2. A photocopy of the recorded plat(s) of the property and house location survey, if available.
3. A map of the area so that the Department's personnel may inspect the property, unless a site inspection was previously conducted.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Applicant) (SSN or FID)

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Applicant) (SSN or FID)

Signature of authorized representative of the local government is necessary when a County or Municipality sponsors the Applicant.

\_\_\_\_\_  
(County or Municipality) (FID)

Date: \_\_\_\_\_ By: \_\_\_\_\_  
\_\_\_\_\_  
(Authorized Representative) (Title)